



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT NO.		POSTMARK		DATE RECEIVED		NOTIFICATION NUMBER		
I. TYPE OF NOTIFICATION <input type="checkbox"/> O - ORIGINAL <input type="checkbox"/> C - CANCELLED <input type="checkbox"/> R - REVISION, WRITE REVISION NUMBER _____								
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)								
OWNER NAME				ADDRESS				
CITY				COUNTY		STATE	ZIP CODE	
CONTACT						TELEPHONE NUMBER		
ASBESTOS REMOVAL CONTRACTOR				ADDRESS				
CITY						STATE	ZIP CODE	
CONTACT				TELEPHONE NUMBER		TITLE		
DEMOLITION CONTRACTOR				ADDRESS				
CITY						STATE	ZIP CODE	
CONTACT				TELEPHONE NUMBER		TITLE		
III. TYPE OF OPERATION <input type="checkbox"/> D - DEMO <input type="checkbox"/> O - ORDERED DEMO <input type="checkbox"/> R - RENOVATION <input type="checkbox"/> E - EMERGENCY RENOVATION								
IV. IS ASBESTOS PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST TYPE OF ASBESTOS MATERIAL(S) TO BE REMOVED						
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)								
BUILDING NAME								
ADDRESS								
CITY				COUNTY		STATE	ZIP CODE	
SITE LOCATION								
BUILDING SIZE		NUMBER OF FLOORS			AGE IN YEARS			
PRESENT USE				PRIOR USE				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL. INCLUDE A COPY OF THE ASBESTOS INSPECTION. _____								
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM (RACM) 2. CATEGORY I ACM 3. CATEGORY II ACM				RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
					CAT I	CAT II	CAT I	CAT II
PIPES (LINEAR FEET)								
SURFACE AREA (SQUARE FEET)								
VOL. RACM OFF FACILITY COMPONENT (CUBIC FEET)								

VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)			
START:		COMPLETE:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		WEEKDAYS WORK HOURS	WEEKEND WORK HOURS
START:		COMPLETE:	
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED			
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XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
XII. WASTE TRANSPORTER			
ADDRESS			
CITY		STATE	ZIP CODE
CONTACT PERSON		TELEPHONE NUMBER	
XIII. WASTE DISPOSAL SITE			
NAME			
LOCATION			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER			
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW			
NAME		TITLE	
AUTHORITY			
DATE OF ORDER (MM/DD/YY) INCLUDE A COPY OF THE ORDER.		DATE ORDERED TO BEGIN (MM/DD/YY)	
XV. FOR EMERGENCY RENOVATIONS			
A. DATE AND HOUR OF EMERGENCY (MM/DD/YY)			
B. DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT			
C. EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWING IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.			
XVII. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours (required 1 year after promulgation).			
SIGNATURE OF OWNER/OPERATOR			DATE
XVIII. I certify that the above information is correct.			
SIGNATURE OF OWNER/OPERATOR			DATE